

Lori Wells  
BRCVPA Physical Education

Amber Sandifer  
BRCVPA Dance

Greetings Parents:

Welcome to a new and exciting school year at BRCVPA. We are so excited about all the new learning activities your child will experience this year. In an effort to cut down on some of the paperwork sent home at the beginning of each year, we have elected to combine our introduction letter. Please be aware that completion of this letter is vital.

We will meet with each class twice a week for one half hour. We will follow the school-wide discipline policy as well as content specific classroom rules. Class rules and procedures will be discussed with each class the first week of school. While there is no specific uniform required for movement classes, we do require appropriate shoes on Dance/PE days. **No boots, skate shoes, wheelies (with or without wheels), flip-flops, slip-ons, or heels please!!** This is in the best interest of your child's safety. Also for girls: No long skirts, or jumpers; as they are too difficult to move freely. **Shorts MUST be worn under skirts on movement days.** Grades 3-5: Long hair should be pulled back on activity days.

Your child's homeroom teacher can provide information concerning your child's weekly activity days.

If your child has been ill or is injured please **send a written note stating the nature of the injury and the duration of non-participation&/ or restrictions concerning participation in class.** Without this note, your child will be required to participate. **If an injury or illness persists for longer than one week, a physician's note is required.** Also, please inform Dance/PE specialists of **ANY health conditions** with regard to your child that may effect his/her participation in class.

We are looking forward to working with your child this year. We also enjoy meeting and working with parents; therefore, an open invitation is extended. We experience movement through a variety of developmentally appropriate activities and techniques, so wear something "comfy" and rediscover the joy of movement. Please complete, sign, and return the bottom portion of this letter. Thank you in advance for your cooperation.

Warmly,

Amber Sandifer (Dance)

Lori Wells (Physical Education)



I have read and understand the Movement class letter. My child \_\_\_\_\_ has/does not have (circle one) any health problems that may effect his/her participation in activities. **These problems are: (please be specific)**

If your child has asthma, please provide in-depth information concerning the severity of attacks, medications, and the location of inhaler.

Parent's Signature: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_